

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION**

In re:

ABENGOA BIOENERGY US HOLDING, LLC,  
*et al.*,

Debtors.

**Chapter 11**

**Case No. 16-41161-659**

**(Jointly Administered)**

**MEMORANDUM TO THE COURT**

The Amended Schedule E/F for Abengoa Bioenergy Company, LLC (16-41165) includes the following amendments:

- Claim of Abengoa Bioenergy Operations, LLC is Contingent, Unliquidated, and Disputed.
- Insertion of footnote stating that the above-referenced claim may be equity.

Dated: May 23, 2017  
St. Louis, Missouri

Respectfully submitted,

**ARMSTRONG TEASDALE LLP**

/s/ Richard W. Engel, Jr.

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Fill in this information to identify the case:

Debtor Abengoa Bioenergy Company, LLC  
United States Bankruptcy Court for the: Eastern District of Missouri  
(State)  
Case number 16-41165 (KAS)  
(If known)

☒ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address ARIZONA DEPARTMENT OF REVENUE 1600 W MONROE ST PHOENIX, AZ 85007  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ <u>Undetermined</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Tax Claim</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Undetermined</u>

<b>2.2</b> Priority creditor's name and mailing address COLORADO DEPARTMENT OF LABOR & EMPLOYMENT 633 17TH ST. DENVER, CO 80202-3660  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ <u>Undetermined</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Tax Claim</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Undetermined</u>
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<b>2.3</b> Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE ATTN: EXECUTIVE DIRECTOR 1375 SHERMAN ST. DENVER, CO 80261  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ <u>Undetermined</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Tax Claim</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Undetermined</u>
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Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 1. Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**Total claim**

**Priority amount**

2.4 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

DISTRICT OF COLUMBIA - OFFICE OF TAX AND REVENUE  
1101 4TH STREET, SW  
SUITE 270 WEST  
WASHINGTON, DC 20024

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

2.5 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

DISTRICT OF COLUMBIA DEPARTMENT OF LABOR  
200 CONSTITUTION AVE. NW  
WASHINGTON, DC 20210

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

2.6 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

GALENA PARK INDEPENDENT SCHOOL DISTRICT TAX OFFICE  
14705 WOODFOREST BLVD  
HOUSTON, TX 77015

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

2.7 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

HARRIS COUNTY TREASURER  
ATTN: ORLANDO SANCHEZ  
1001 PRESTON, SUITE 652  
HOUSTON, TX 77002

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.8 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

ILLINOIS DEPARTMENT OF REVENUE  
45 EISENHOWER DR STE 220  
PARAMUS, NJ 07652

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.9 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

ILLINOIS DIRECTOR OF EMPLOYMENT  
SECURITY  
ATTN: JEFF MAYS  
33 S STATE ST., 9TH FLOOR  
CHICAGO, IL 60603

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.10 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

INDIANA DEPARTMENT OF REVENUE  
100 N SENATE AVE RM N248  
INDIANAPOLIS, IN 46204

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.11 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

INDIANA DEPT. OF WORKFORCE  
DEVELOPMENT  
INDIANA GOVERNMENT CENTER SOUTH  
10 NORTH SENATE AVENUE  
INDIANAPOLIS, IN 46204

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.12 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

INTERNAL REVENUE SERVICE  
1222 SPRUCE STREET  
ST LOUIS, MO 63103

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.13 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

KANSAS DEPARTMENT OF LABOR  
1309 SW TOPEKA BLVD  
TOPEKA, KS 66612

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.14 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

KANSAS DEPARTMENT OF REVENUE  
915 SW HARRISON STREET  
TOPEKA, KS 66625-8000

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.15 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

MARYLAND COMPTROLLER  
8181 PROFESSIONAL PL # 101  
LANDOVER, MD 20785

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.16	<b>Priority creditor's name and mailing address</b>  MARYLAND UNEMPLOYMENT INSURANCE FUND LEGAL SERVICES SECTION ATTN: MARK SORRENTINO 1100 N EUTAW ST, ROOM 401 BALTIMORE, MD 21201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.17	<b>Priority creditor's name and mailing address</b>  MASSACHUSETTS DEPARTMENT OF REVENUE 100 CAMBRIDGE ST STE 500 BOSTON, MA 02114  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.18	<b>Priority creditor's name and mailing address</b>  MISSOURI DEPARTMENT OF REVENUE 301 WEST HIGH STREET JEFFERSON CITY, MO 65105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.19	<b>Priority creditor's name and mailing address</b>  MISSOURI DIVISION OF EMPLOYMENT SECURITY P.O. BOX 59 JEFFERSON CITY, MO 65104-0059  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 1. Additional Page**

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**Total claim**

**Priority amount**

2.20	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPARTMENT OF LABOR 550 S 16TH ST. LINCOLN, NE 68508  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.21	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPARTMENT OF REVENUE PO BOX 98912 LINCOLN, NE 68509-8912  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.22	<b>Priority creditor's name and mailing address</b>  NEW JERSEY DIVISION OF TAXATION BANKRUPTCY SECTION P.O. BOX 245 TRENTON, NJ 08695-0245  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.23	<b>Priority creditor's name and mailing address</b>  NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS 401 BROADWAY BLVD NE ALBUQUERQUE, NM 87102  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

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**Total claim**

**Priority amount**

2.24	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAXATION & REVENUE DEPARTMENT 1100 SOUTH ST. FRANCIS DRIVE SANTA FE, NM 87504  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.25	<b>Priority creditor's name and mailing address</b>  OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.26	<b>Priority creditor's name and mailing address</b>  ROOSEVELT COUNTY TREASURER 109 W. 1ST STREET, SUITE 101A PORTALES, NM 88130  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined
2.27	<b>Priority creditor's name and mailing address</b>  SEDGWICK COUNTY TREASURER 315 CEDAR ST STE 210 JULESBURG, CO 80737  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Tax Claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined	\$Undetermined

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

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2.28	<p><b>Priority creditor's name and mailing address</b></p> <p>ST. LOUIS CITY (CITY TAX) 1200 MARKET ST #410 ST. LOUIS, MO 63103</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Tax Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$Undetermined	\$Undetermined
2.29	<p><b>Priority creditor's name and mailing address</b></p> <p>STATE OF ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY 2444 W LAWRENCE AVE CHICAGO, IL 60625</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Tax Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$Undetermined	\$Undetermined
2.30	<p><b>Priority creditor's name and mailing address</b></p> <p>UTAH STATE TAX COMMISSION 210 N 1950 W SALT LAKE CITY, UT 84134</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Tax Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$Undetermined	\$Undetermined
2.31	<p><b>Priority creditor's name and mailing address</b></p> <p>VIRGINIA DEPARTMENT OF REVENUE 1957 WESTMORELAND ST RICHMOND, VA 23230</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Specify code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Tax Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$Undetermined	\$Undetermined

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

**Total claim**

**Priority amount**

2.32 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

VIRGINIA EMPLOYMENT COMMISSION  
703 E MAIN ST  
RICHMOND, VA 23219

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.33 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

WASHINGTON EMPLOYMENT SECURITY  
DEPARTMENT  
212 MAPLE PARK AVE SE  
OLYMPIA, WA 98501

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

2.34 **Priority creditor's name and mailing address** \$Undetermined \$Undetermined

YORK COUNTY TREASURER  
120 ALEXANDER HAMILTON BLVD.  
YORKTOWN, VA 23690

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

**Basis for the claim:**  
Tax Claim

**Last 4 digits of account number**

**Is the claim subject to offset?**

**Specify code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

- ☒ No  
☐ Yes

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> 21ST CENTURY CLEANING SERVICE 5904 ROCKWOOD WICHITA, KS 67208-4323  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade Payable</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>4,458.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGIA SA C/ ENERGIA SOLAR N°1, PALMAS ALTAS. 41014 SEVILLA SPAIN  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>62,275,112.08</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGY OF NEBRASKA, LLC (ABNE) (ANTIGUA NORDIC BIOFUELS OF RAVENNA) 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>58,143,015.46</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGY OPERATIONS , LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable *</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>3,605,000.00</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ABENGOA BIOENERGY TRADING US, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany Payable</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>61,340,638.32</u>
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> AFC DOCTORS EXPRESS 1616 N GENTRY ST. WICHITA, KS 67208  <b>Date or dates debt was incurred</b> <u>Undetermined</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade Payable</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>7,505.00</u>

\* The Debtors believe this claim is equity.

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

**Amount of claim**

3.7	<b>Nonpriority creditor's name and mailing address</b>	<b>\$116,695,400.00</b>
	<p>AGENSynd, S.L. ATTN: GENERAL COUNSEL VELAZQUEZ 78 4 DERECHA MADRID, 28001 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Emergency credit facility dated December 24, 2015 in the principal amount of €106 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,319.30</b>
	<p>AGRI PRODUCTS P. O. BOX 542 YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,850.65</b>
	<p>AIR RESOURCE SPECIALISTS, INC. 1901 SHARP POINT DR. SUITE E FORT COLLINS, CO 80525</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<b>Nonpriority creditor's name and mailing address</b>	<b>\$447.20</b>
	<p>ALKOTA OF KANSAS LLC 401 N WEST STREET WICHITA, KS 67203</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.11	<b>Nonpriority creditor's name and mailing address</b>	<b>\$13,434.58</b>
	<p>ANTHEM BLUE CROSS BLUE SHIELD 1351 WILLIAM HOWARD TAFT RD CINCINNATI, OH 45206</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.12	<b>Nonpriority creditor's name and mailing address</b>	<u>\$Undetermined</u>
	<p>ARGO SURETY 225 W. WASHINGTON STREET 24TH FLOOR CHICAGO, IL 60606</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Surety Bond Number SUR0032294 in the Amount of \$1,200,000.00 for the Benefit of U.S. Department of Treasury</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.13	<b>Nonpriority creditor's name and mailing address</b>	<u>\$4,402.23</u>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.14	<b>Nonpriority creditor's name and mailing address</b>	<u>\$392.58</u>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.15	<b>Nonpriority creditor's name and mailing address</b>	<u>\$189.46</u>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.16	<b>Nonpriority creditor's name and mailing address</b>	<u>\$191.65</u>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.17	<b>Nonpriority creditor's name and mailing address</b>	<u>\$376.03</u>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	<b>Nonpriority creditor's name and mailing address</b>	<u>\$6,153.94</u>
	<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<b>Nonpriority creditor's name and mailing address</b>	<u>\$3,249.20</u>
	<p>ATRADIUS COLLECTIONS 1200 ARLINGTON HEIGHTS RD, SUITE 41 ITASCA, IL 60143</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<b>Nonpriority creditor's name and mailing address</b>	<u>\$128,385.37</u>
	<p>ATRADIUS TRADE CREDIT INSURANCE INC 13432 COLLECTION CENTER DR. CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<b>Nonpriority creditor's name and mailing address</b>	<u>\$8,421.37</u>
	<p>AURORA COOP ELEVATOR CO. P.O. BOX 209 AURORA, NE 68818</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.22	<b>Nonpriority creditor's name and mailing address</b>  AURORA COOP ELEVATOR CO. P.O. BOX 209 AURORA, NE 68818   <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$972.93
3.23	<b>Nonpriority creditor's name and mailing address</b>  AURORA COOPERATIVE ELEVATOR COMPANY C/O CROSBY GUENZEL, LLP 134 S. 13TH STREET, SUITE 400 LINCOLN, NE 68508   <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Litigation Claim, Case No. D09CI160000014  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Undetermined
3.24	<b>Nonpriority creditor's name and mailing address</b>  AUTOMATION SERVICES 13871 PARKS STEED DR. EARTH CITY, MO 63045   <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,073.00
3.25	<b>Nonpriority creditor's name and mailing address</b>  AYARS & AYARS, INCORPORATED 2436 N. 48TH ST. LINCOLN, NE 68504   <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$22,078.53
3.26	<b>Nonpriority creditor's name and mailing address</b>  B&C ELECTRICAL SERVICES, LLC 3639 HWY 39 GENOA, NE 68640   <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,176.50



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.27	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>BAKERCORP C/O FREDMAN &amp; FREDMAN P.C. 212 NORTH KINGSHIGHWAY SUITE 1021 ST. LOUIS, MO 63108</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. 4:16-cv-00136-CDP</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,358,291.66</b>
	<p>BANCO DE BRASIL SA, NEW YORK BRANCH 550 5TH AVENUE 7TH FLOOR NEW YORK, NY 10036-5001</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.29	<b>Nonpriority creditor's name and mailing address</b>	<b>\$30,889,107.14</b>
	<p>BANCO POPULAR 209 MUÑOZ RIVERA AVENUE PO BOX 362708 SAN JUAN, PR 00936-2708</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.30	<b>Nonpriority creditor's name and mailing address</b>	<b>\$137,612,500.00</b>
	<p>BANCO POPULAR ESPANOL, S.A. ATTN: GENERAL COUNSEL C/ VELAZQUEZ, 34 MADRID, 28001 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Revolving credit agreement dated September 23, 2015 in the principal drawn amount of €125 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.31	<b>Nonpriority creditor's name and mailing address</b>	<b>\$287,909.58</b>
	<p>BANCO SANTANDER EDIFICIO PEDREÑA – PLANTA S1 AV. GRAN VÍA DE HORTALEZA 3 MANUEL FERNÁNDEZ GARCÍA GLOBAL TRANSACTION BANKING - BANCA MAYORISTA ESPAÑA MADRID, 28033 SPAIN</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PPB Bank Fees</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.32	<b>Nonpriority creditor's name and mailing address</b>	<b>\$313,878.64</b>
	<p>BANCO SANTANDER EDIFICIO PEDREÑA – PLANTA S1 AV. GRAN VÍA DE HORTALEZA 3 MANUEL FERNÁNDEZ GARCÍA GLOBAL TRANSACTION BANKING - BANCA MAYORISTA ESPAÑA MADRID, 28033 SPAIN</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PPB Bank Fees</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.33	<b>Nonpriority creditor's name and mailing address</b>	<b>\$144,492.50</b>
	<p>BASF ENZYMES LLC 3550 JOHN HOPKINS COURT SAN DIEGO, CA 92121</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.34	<b>Nonpriority creditor's name and mailing address</b>	<b>\$91,357.52</b>
	<p>BEARING HEADQUARTERS CO. PO BOX 6267 BROADVIEW, IL 60155</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.35	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>BEARING HEADQUARTERS COMPANY C/O YOXALL, ANTRIM, FOREMAN &amp; FRYMIRE, LLP 101 WEST 4TH STREET 0 LIBERAL, KS 67901</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. 2016-SL-000188-ML</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.36	<b>Nonpriority creditor's name and mailing address</b>	<b>\$19,000.00</b>
	<p>BERT ZIPPRIAN EQUIPMENT SEPARATION 107 GEORGIA PL. PORTLAND, TX 78374</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.37	<b>Nonpriority creditor's name and mailing address</b>	<u>\$49,345.71</u>
	<p>BIOCARBURANTES DE CASTILLA Y LEÓN, SA CTRA ENCINAS A CANTALAPIEDRA, K4.900, BABILAFUENTE. SALAMANCA SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.38	<b>Nonpriority creditor's name and mailing address</b>	<u>\$555.97</u>
	<p>BION ANALYTICAL STANDARDS, LLC PO BOX 85252 SIOUX FALLS, SD 57118</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.39	<b>Nonpriority creditor's name and mailing address</b>	<u>\$338.86</u>
	<p>BLACK HILLS UTILITY HOLDINGS, INC 625 NINTH ST RAPID CITY, SD 57701</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.40	<b>Nonpriority creditor's name and mailing address</b>	<u>\$13,730.76</u>
	<p>BLISS INDUSTRIES LLC P.O. BOX 910 PONCA CITY, OK 74602</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.41	<b>Nonpriority creditor's name and mailing address</b>	<u>\$953,924.21</u>
	<p>BNSF RAILWAY COMPANY PO BOX 847574 DALLAS, TX 75284-7574</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.42	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,363.60</b>
	<p>BRENNTAG GREAT LAKES, LLC 5220 EAGLE WAY CHICAGO, IL 60678-1522</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.43	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,952.32</b>
	<p>CALIFORNIA FIRST NATIONAL BANK 18201 VON KARMAN AVENUE, SUITE 800 IRVINE, CA 92612</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.44	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,432.56</b>
	<p>CAPITAL MACHINERY SYSTEMS INC PO BOX 330 PENDLETON, IN 46064</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.45	<b>Nonpriority creditor's name and mailing address</b>	<b>\$451,261.63</b>
	<p>CARGILL TRADE AND STRUCTURED FINANC 9350 EXCELSIOR BLVD HOPKINS, MN 55343</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.46	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,004.43</b>
	<p>CATERPILLAR FINANCIAL SERVICES CORP PO BOX 100647 PASADENA, CA 91189-0647</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.47	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,115.00</b>
	<p>CB&amp;I ENVIRONMENT &amp; INFRASTRUCTURE, 4171 ESSEN LANE BATON ROUGE, LA 70809</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.48	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,575.41</b>
	<p>CENTRAL NEBRASKA REFRIGERATION 1511 LINCOLN AVE YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.49	<b>Nonpriority creditor's name and mailing address</b>	<b>\$98,368.65</b>
	<p>CENTRAL STATES GROUP P.O. BOX 30047 OMAHA, NE 68103</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.50	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>CENTRAL STATES INDUSTRIAL SUPPLY, INC. C/O GUINAN AND SCOTT 920 SOUTH 107TH AVENUE SUITE 205 OMAHA, NE 68114</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. CI 16 687</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.51	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>CENTRAL VALLEY AG COOPERATIVE C/O CROSBY GUENZEL, LLP 134 S. 13TH STREET, SUITE 400 LINCOLN, NE 68508</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. D17CI150000228</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.52	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,434,874.39</b>
	<p>CENTRAL VALLEY AG COOPERATIVE PO BOX 429 YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.53	<b>Nonpriority creditor's name and mailing address</b>	<b>\$664.10</b>
	<p>CENTURY LINK P.O. BOX 29040 PHOENIX, AZ 85038-9040</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.54	<b>Nonpriority creditor's name and mailing address</b>	<b>\$124,389.93</b>
	<p>CHEMTREAT INC 4461 COX ROAD GLEN ALLEN, VA 23060</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.55	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,923,298.15</b>
	<p>CHS P.O. BOX 82289 LINCOLN, NE 68501-2289</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.56	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>CHS, INC. C/O HOUGHTON VANDENACK WILLIAM WHITTED WEAVER PARSONAGE LLC 6457 FRANCES STREET SUITE 100 OMAHA, NE 68106</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Civil Action No. 8:15-cv-00429</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.57	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,882.88</b>
	<p>CINTAS CORPORATION 9333 EAST 35TH STREET WICHITA, KS 67226</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.58	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,868.64</b>
	<p>CINTAS, FIRST AID &amp; SAFETY PO BOX 631025 CINCINNATI, OH 45263-1025</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.59	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,937.00</b>
	<p>CIRUS WATER 4430 W 29TH CIRCLE S WICHITA, KS 67215</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.60	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,007,037.02</b>
	<p>CITIBANK N.A. 399 PARK AVE NEW YORK, NY 10022</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.61	<b>Nonpriority creditor's name and mailing address</b>	<b>\$138.95</b>
	<p>CITY OF COLWICH P.O. BOX 158 COLWICH, KS 67030</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.62	<b>Nonpriority creditor's name and mailing address</b>	<b>\$148.39</b>
	<p>CITY OF PORTALES 100 W FIRST PORTALES, NM 88130</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.63	<b>Nonpriority creditor's name and mailing address</b>	<b>\$16,019.15</b>
	<p>CITY OF YORK 100 E. 4TH STREET YORK, NE 68467-0507</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.64	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,298.07</b>
	<p>CLOVIS EQUIPMENT &amp; SUPPLY 821 EAST 2ND PO BOX 946 CLOVIS, NM 88101</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.65	<b>Nonpriority creditor's name and mailing address</b>	<b>\$50.00</b>
	<p>COLORADO DEPARTMENT OF AGRICULTURE 2331 WEST 31ST AVE. DENVER, CO 80211</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.66	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,609.50</b>
	<p>COMPLIANCE TESTING AND TECHNOLOGY, W67 N250 EVERGREEN BLVD, STE 100 CEDARBURG, WI 53012</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.67	<b>Nonpriority creditor's name and mailing address</b>	<b>\$16,528.68</b>
	<p>CONNEY SAFETY PRODUCTS, LLC. PO BOX 44575 MADISON, WI 53744-4575</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.68	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,400.00</b>
	<p>CONSOLIDATED WATER SOLUTIONS INC 10100 J STREET OMAHA, NE 68127</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.69	<b>Nonpriority creditor's name and mailing address</b>	<b>\$44,544.68</b>
	<p>CONTROL-TECH, INC 8938 N PRAIRIE POINTE PEORIA, IL 61615</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.70	<b>Nonpriority creditor's name and mailing address</b>	<b>\$267.95</b>
	<p>CORNERSTONE BANK PO BOX 69 YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.71	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,750.00</b>
	<p>COUNTRYSIDE LAWN &amp; TREE CARE INC 1630 E 37TH ST. N WICHITA, KS 67219</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.72	<b>Nonpriority creditor's name and mailing address</b>	<u>\$126,666.92</u>
	<p>COUNTY OF SEDGWICK DBA SEDGWICK PO BOX 2961 WICHITA, KS 67201-2961</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.73	<b>Nonpriority creditor's name and mailing address</b>	<u>\$400.00</u>
	<p>CULLUM &amp; BROWN OF WICHITA, INC 3717 NORTH RIDGEWOOD STREET WICHITA, KS 67220</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.74	<b>Nonpriority creditor's name and mailing address</b>	<u>\$155.00</u>
	<p>CWC OF YORK, INC DBA 207 EAST 4TH STREET YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.75	<b>Nonpriority creditor's name and mailing address</b>	<u>\$10,875.00</u>
	<p>DATATRONICS, INC. 2624 EAST BROADWAY ALTON, IL 62002</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.76	<b>Nonpriority creditor's name and mailing address</b>	<u>\$823.28</u>
	<p>DE LAGE LANDEN FINANCIAL SERVICES I 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.77	<b>Nonpriority creditor's name and mailing address</b>  DEUTSCHE BANK AG, LONDON BRANCH, AS FISCAL AGENT ATTN: GENERAL COUNSEL WINCHESTER HOUSE 1 GREAT WINCHESTER STREET LONDON, EC2N 2DB UNITED KINGDOM  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 6.25% Senior Unsecured Convertible Notes due 2019 issued under and indenture dated as of January 17, 2013 in the original principal amount of \$178,015,530.00 <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178,015,530.00
3.78	<b>Nonpriority creditor's name and mailing address</b>  DEUTSCHE BANK TRUST COMPANY AMERICAS ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 7.75% Senior Notes due 2020 issued under an indenture dated as of December 13, 2013 in the principal amount of \$450 million plus accrued interest <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450,000,000.00
3.79	<b>Nonpriority creditor's name and mailing address</b>  DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 7.0% Senior Notes due 2020 issued under an indenture dated as of April 21, 2015 in the principal amount of €375 million plus accrued interest <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412,837,500.00
3.80	<b>Nonpriority creditor's name and mailing address</b>  DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 6.0% Senior Notes due 2021 issued under an indenture dated as of March 27, 2014 in the principal amount of €500 million plus accrued interest <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550,450,000.00
3.81	<b>Nonpriority creditor's name and mailing address</b>  DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Guarantor - 8.5% Senior Unsecured Notes due 2016 under a fiscal agency agreement dated as of March 31, 2010 in the principal amount of €500 million <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550,450,000.00

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.82	<b>Nonpriority creditor's name and mailing address</b>	<u>\$650,000,000.00</u>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 8.875% Senior Notes due 2017 under an indenture dated as of October 28, 2010 in the principal amount of \$650 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.83	<b>Nonpriority creditor's name and mailing address</b>	<u>\$605,495,000.00</u>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 8.875% Senior Notes due 2018 under an indenture dated as of February 5, 2013 in the principal amount of €550 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.84	<b>Nonpriority creditor's name and mailing address</b>	<u>\$291,738,500.00</u>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 5.5% Senior Notes due 2019 issued under an indenture dated as of September 30, 2014 in the principal amount of €265 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.85	<b>Nonpriority creditor's name and mailing address</b>	<u>\$300,000,000.00</u>
	<p>DEUTSCHE TRUSTEE COMPANY LIMITED, AS AGENT OR TRUSTEE ATTN: GENERAL COUNSEL 60 WALL STREET MSNYC 60-2710 NEW YORK, NY 10005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - 6.5% Senior Notes due 2019 issued under an indenture dated as of September 30, 2014 in the principal amount of \$300 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.86	<b>Nonpriority creditor's name and mailing address</b>	<u>\$237,200.57</u>
	<p>DEWINE MECHANICAL, INC. 1267 EAST 32ND AVE COLUMBUS, NE 68601</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.87	<b>Nonpriority creditor's name and mailing address</b>	<u>\$Undetermined</u>
	<p>DEWINE MECHANICAL, INC. C/O SHERWOOD, HARPER, DAKAN, UNRUH &amp; PRATT, LC P.O. BOX 830 0 WICHITA, KS 67201-0830</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. 2015-SL-000780-ML</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.88	<b>Nonpriority creditor's name and mailing address</b>	<u>\$498.49</u>
	<p>DOCUMENT &amp; NETWORK TECHNOLOGIES 2275 CASSENS COURT, SUITE 112 FENTON, MO 63026</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.89	<b>Nonpriority creditor's name and mailing address</b>	<u>\$2,760.49</u>
	<p>DOWCO VALVE COMPANY 700 SPIRAL BLVD HASTINGS, MN 55033</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.90	<b>Nonpriority creditor's name and mailing address</b>	<u>\$30,646.00</u>
	<p>DRACOOOL- USA 30 EAGLE COURT CARLISLE, OH 45005</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.91	<b>Nonpriority creditor's name and mailing address</b>	<u>\$103,632.50</u>
	<p>DXP ENTERPRISES, INC DBA PRECISION DALLAS, TX 75320-1791</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.92	<b>Nonpriority creditor's name and mailing address</b>	<u>\$32,870,672.00</u>
	<p>EL INSTITUTO CREDITO OFFICIAL ATTN: JAIME CERVERA/CONCHI BERROCAL DEPARTMENT OF OPERATIONS PASEO DEL PRADO, 4 MADRID, 28014 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - ICO credit agreement dated July 30, 2015 in the principal amount of €30 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.93	<b>Nonpriority creditor's name and mailing address</b>	<u>\$916.18</u>
	<p>EMPLOYEE_00108 ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.94	<b>Nonpriority creditor's name and mailing address</b>	<u>\$159.09</u>
	<p>EMPLOYEE_00124 ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.95	<b>Nonpriority creditor's name and mailing address</b>	<u>\$100.00</u>
	<p>EMPLOYEE_00286 ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.96	<b>Nonpriority creditor's name and mailing address</b>	<u>\$142.01</u>
	<p>EMPLOYEE_00396 ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

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**Amount of claim**

3.97	<b>Nonpriority creditor's name and mailing address</b>	<b>\$313.67</b>
	<p>ENCORE ENERGY SERV, INC/XCEL ENERGY 11807 Q STREET SUITE 1 OMAHA, NE 68137</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.98	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,371,238.92</b>
	<p>ENCORE ENERGY SERVICES, INC. 12120 PORT GRACE BLVD LA VISTA, NE 68128</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.99	<b>Nonpriority creditor's name and mailing address</b>	<b>\$82,745,846.00</b>
	<p>EUROPEAN INVESTMENT BANK ATTN: GENERAL COUNSEL 98-100 BLVD. KONRAD ADENAUER LUXEMBOURG, L-2950 LUXEMBOURG</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Finance contract dated July 6, 2015 in the principal amount of €125 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.100	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>FARMERS COOPERATIVE C/O CROSBY GUENZEL, LLP 134 S. 13TH STREET, SUITE 400 LINCOLN, NE 68508</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. D17CI150000229</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.101	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,015,229.69</b>
	<p>FARMERS COOPERATIVE - DORCHESTER 208 WEST DEPOT DORCHESTER, NE 68343-0263</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.102	<b>Nonpriority creditor's name and mailing address</b>	<u>\$Undetermined</u>
<p>FARMERS COOPERATIVE ASSOCIATION OF RAVENNA C/O CROSBY GUENZEL, LLP 134 S. 13TH STREET, SUITE 400 LINCOLN, NE 68508</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. D09CI150000682</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.103	<b>Nonpriority creditor's name and mailing address</b>	<u>\$14.57</u>
<p>FASTENAL COMPANY 921 N. GRANT AVE. YORK, NE 68467</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.104	<b>Nonpriority creditor's name and mailing address</b>	<u>\$110,715.60</u>
<p>FOLEY EQUIPMENT COMPANY 1550 S WEST STREET WICHITA, KS 67213</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.105	<b>Nonpriority creditor's name and mailing address</b>	<u>\$268.31</u>
<p>FOSS NORTH AMERICA, INC 8091 WALLACE ROAD EDEN PRAIRIE, MN 55344</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.106	<b>Nonpriority creditor's name and mailing address</b>	<u>\$25,227.46</u>
<p>FREMONT INDUSTRIES, INC 4400 VALLEY INDUSTRIAL BLVD N SHAKOPEE, MN 55379</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.107	<b>Nonpriority creditor's name and mailing address</b>	<b>\$167,243.97</b>
	<p>GALENA PARK I.S.D. TAX COLLECTOR PO BOX 113 GALENA PARK, TX 77547</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.108	<b>Nonpriority creditor's name and mailing address</b>	<b>\$414,191.48</b>
	<p>GATX CORPORATION 222 WEST ADAMS STREET CHICAGO, IL 60606</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.109	<b>Nonpriority creditor's name and mailing address</b>	<b>\$735,057.61</b>
	<p>GATX RAIL- LOCOMOTIVE RENTAL 222 WEST ADAMS STREET CHICAGO, IL 60606</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.110	<b>Nonpriority creditor's name and mailing address</b>	<b>\$771,817.83</b>
	<p>GAVILON GR 1331 CAPITOL AVE OMAHA, NE 68102</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.111	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,903.96</b>
	<p>GENERAL FIRE &amp; SAFETY EQUIP. 2431 FAIRFIELD SUITE A LINCOLN, NE 68521</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.112	<b>Nonpriority creditor's name and mailing address</b>	<b>\$5,484.09</b>
	<p>GESTIÓN INTEGRAL DE RECURSOS HUMANOS, SA RONDA TAMARGUILLO Nº 29 SEVILLA SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.113	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,537.61</b>
	<p>HAMPEL OIL DISTRIBUTORS, INC. PO BOX 875477 KANSAS CITY, MO 64187-5477</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.114	<b>Nonpriority creditor's name and mailing address</b>	<b>\$56,955.10</b>
	<p>HARTLAND RENEWABLE FUELS, A 4245 S 143RD STREET, SUITE 1 OMAHA, NE 68137</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.115	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,677.33</b>
	<p>HERITAGE-CRYSTAL CLEAN, LLC 13621 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0136</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.116	<b>Nonpriority creditor's name and mailing address</b>	<b>\$25,384,365.05</b>
	<p>HSBC BANK USA, NA 1800 TYSONS BOULEVARD SUITE 50 MCLEAN, VA 22101</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.117	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,179.84</b>
	<p>HUTCHESON ENGINEERING PRODUCTS, INC 6405 JOHN J PERSHING DRIVE OMAHA, NE 68112</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.118	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,476.59</b>
	<p>IBT INC. PO BOX 873065 KANSAS CITY, MO 64187-3065</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.119	<b>Nonpriority creditor's name and mailing address</b>	<b>\$23,798.40</b>
	<p>ICM, INC. 310 N. FIRST COLWICH, KS 67030</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.120	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>ICM, INC. C/O FLEESON, GOOING, COULSON &amp; KITCH, LLC 1900 EPIC CENTER, 301 NORTH MAIN PO BOX 997 WICHITA, KS 67201-0997</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. 15SL0738</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.121	<b>Nonpriority creditor's name and mailing address</b>	<b>\$50.00</b>
	<p>INDIANA STATE CHEMIST 175 SOUTH UNIVERSITY ST WEST LAFAYETTE, IN 47907-2063</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.122	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,609.02</b>
	<p>INDUSTRIAL PIPE &amp; SUPPLY COMPANY 13406 INDUSTRIAL ROAD OMAHA, NE 68137</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.123	<b>Nonpriority creditor's name and mailing address</b>	<b>\$14,247.07</b>
	<p>INTERSTATE CHEMICAL COMPANY INC P. O. BOX 295 BROOKFIELD, OH 44403</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.124	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>INTERSTATE COMMODITIES, INC. C/O EVANS AND DIXON, LLC 211 NORTH BROADWAY SUITE 2500 ST. LOUIS, MO 63102</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. 16SL-CC00129</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.125	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,905.00</b>
	<p>INTERSTATE INDUSTRIAL VAC SERVICES, 5444 N. 103RD STREET OMAHA, NE 68134</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.126	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,736.60</b>
	<p>JACKSON SERVICES, INC. 981 33RD AVENUE PO BOX 706 COLUMBUS, NE 68602</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.127	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,722.19</b>
<p>JACOBS CORPORATION PO BOX 727 HARLAN, IA 51537-0727</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Last 4 digits of account number</b></p>		
3.128	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,970.84</b>
<p>JCI INDUSTRIES, INC. PO BOX 411114 KANSAS CITY, MO 64141</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Last 4 digits of account number</b></p>		
3.129	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,075.35</b>
<p>JJJ &amp; GIB DBA HARTLAND CLEANING SER 5100 N 57TH STREET LINCOLN, NE 68501</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Last 4 digits of account number</b></p>		
3.130	<b>Nonpriority creditor's name and mailing address</b>	<b>\$32,887.95</b>
<p>JOSE RUIZ GRANADOS PLAZA DE LA MAGDALENA, 9 PL. 2 SEVILLA, 41001 SPAIN</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Last 4 digits of account number</b></p>		
3.131	<b>Nonpriority creditor's name and mailing address</b>	<b>\$88.50</b>
<p>KAN-SEAL DBA MENARD, INC 1905 HIGHWAY 75 BURLINGTON, KS 66839</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Last 4 digits of account number</b></p>		

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.132	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,920.00</b>
	<p>KANSAS &amp; OKLAHOMA RAILROAD PO BOX 790343 ST. LOUIS, MO 63179-0343</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.133	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,290.36</b>
	<p>KANSAS DEPARTMENT OF AGRICULTURE 1320 RESEARCH PARK DRIVE MANHATTAN, KS 66502</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.134	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>KANSAS DEPARTMENT OF HEALTH &amp; ENVIRONMENT 130 SOUTH MARKET SUITE 6050 BUREAU OF ENVIRONMENTAL FIELD SERVICES SOUTH CENTRAL DISTRICT OFFICE WICHITA, KS 67202</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Potential Environmental Claim</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.135	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT OFFICE OF LEGAL SERVICES, CURTIS STATE OFFICE BUILDING 1000 SW JACKSON TOPEKA, KS 66612</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Potential Environmental Claim</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.136	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,817.09</b>
	<p>KANSAS GRAIN COMMODITIES 1320 RESEARCH PARK DRIVE MANHATTAN, KS 66502</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.137	<b>Nonpriority creditor's name and mailing address</b>	<b>\$14,327.90</b>
	<p>KNIPP EQUIPMENT, INC DBA KANSAS PO BOX 595 WICHITA, KS 67201-0595</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.138	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,656.14</b>
	<p>KOLEY JESSEN P.C. ONE PACIFIC PLACE SUITE 800 1125 SO OMAHA, NE 68124-1079</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.139	<b>Nonpriority creditor's name and mailing address</b>	<b>\$733.00</b>
	<p>KOPCHOS SANITATION 905 W 8TH YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.140	<b>Nonpriority creditor's name and mailing address</b>	<b>\$10,032,830.20</b>
	<p>LA CAIXA 28660 BOADILLA DEL MONTE, MADRID SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.141	<b>Nonpriority creditor's name and mailing address</b>	<b>\$925.98</b>
	<p>LARUE DISTRIBUTING, INC PO BOX 45119 OMAHA, NE 68145-6119</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.142	<b>Nonpriority creditor's name and mailing address</b>	<b>\$81,997.86</b>
	<p>LLL TRANSPORT INC 216 1/2 N MAIN STREET BROOKFIELD, MO 64628</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.143	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,298.92</b>
	<p>M J MURPHY OIL CO, INC. 498 KS. HWY 99 MOLINE, KS 67353</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.144	<b>Nonpriority creditor's name and mailing address</b>	<b>\$29,180.95</b>
	<p>MATHESON TRI GAS, INC DBA LINWELD PO BOX 845502 DALLAS, TX 75284-5502</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.145	<b>Nonpriority creditor's name and mailing address</b>	<b>\$9,607.85</b>
	<p>MEDICAL ENTERPRISES INC 10404 ESSEX COURT SUITE 200 OMAHA, NE 68114</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.146	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,065.92</b>
	<p>MH LOGISTICS CORP DBA MH PO BOX 50 MOSSVILLE, IL 61552</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.147	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,032.00</b>
	<p>MICRO MOTION, INC. PO BOX 70707 CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,941.77</b>
	<p>MID-STATES SUPPLY COMPANY, INC. P. O. BOX 804482 KANSAS CITY, MO 64108-4482</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.149	<b>Nonpriority creditor's name and mailing address</b>	<b>\$81,170.58</b>
	<p>MIDLAND SCIENTIFIC, INC. 1202 SOUTH 11TH STREET OMAHA, NE 68108</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.150	<b>Nonpriority creditor's name and mailing address</b>	<b>\$21,458.00</b>
	<p>MIDSTATES BLOWER, INC. 5117 BRIGHTON AVE KANSAS CITY, MO 64130</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.151	<b>Nonpriority creditor's name and mailing address</b>	<b>\$42,856.76</b>
	<p>MIDWEST COOLING TOWERS, INC 1156 HWY 19 EAST CHICKASHA, OK 73018</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.152	<b>Nonpriority creditor's name and mailing address</b>	<b>\$424.28</b>
	<p>MIDWEST ELECTRIC &amp; MACHINE 2939 W PAWNEE WICHITA, KS 67213</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.153	<b>Nonpriority creditor's name and mailing address</b>	<b>\$15,044.20</b>
	<p>MILLER &amp; WILLEFORD CONTRACTING, INC 2247 SEWELL STREET LINCOLN, NE 68502</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.154	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3.80</b>
	<p>MORRIS, LOWRY 2329 CHADSWORTH CT WICHITA, KS 67205</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.155	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,865.01</b>
	<p>MRL CRANE SERVICE 4331 JUERGEN RD GRAND ISLAND, NE 68801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.156	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,400.00</b>
	<p>MSDSOONLINE, INC. 27185 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.157	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,689.59</b>
	<p>MURDOCK ELECTRIC &amp; SUPPLY CO. PO BOX 2775 WICHITA, KS 67201</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.158	<b>Nonpriority creditor's name and mailing address</b>	<b>\$78,187,559.43</b>
	<p>MUREX LLC 5057 KELLER SPRINGS RD, #150 ADISSON, TX 75001</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.159	<b>Nonpriority creditor's name and mailing address</b>	<b>\$117,548.64</b>
	<p>NALCO COMPANY P.O. BOX 70716 CHICAGO, IL 60673-0716</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.160	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY SUITE 400, THE ATRIUM 1200 'N' STREET P.O. BOX 98922 LINCOLN, NE 68509-8922</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Potential Environmental Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.161	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,779.31</b>
	<p>NEBRASKA SAFETY COUNCIL 3243 CORNHUSKER HIGHWAY SUITE A10 LINCOLN, NE 68504-1592</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.162	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,158.93</b>
	<p>NISSAN MOTOR ACCEPTANCE CORPORATION PO BOX 78133 PHOENIX, AZ 85062-8133</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.163	<b>Nonpriority creditor's name and mailing address</b>	<b>\$6,008.48</b>
	<p>NORTHWEST ELECTRIC, LLC 1414 EAST 23RD STREET COLUMBUS, NE 68601</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.164	<b>Nonpriority creditor's name and mailing address</b>	<b>\$30.00</b>
	<p>OFFICE OF THE STATE FIRE MARSHAL 800 S.W. JACKSON, SUITE 104 TOPEKA, KS 66612</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.165	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,213.79</b>
	<p>OKLAHOMA DEPARTMENT OF AGRICULTURE 2800 NORTH LINCOLN BOULEVARD OKLAHOMA CITY, OK 73105</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.166	<b>Nonpriority creditor's name and mailing address</b>	<b>\$15,834.75</b>
	<p>OLSSON ASSOCIATES, INC. PO BOX 84608 LINCOLN, NE 68501-4608</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.167	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,138.00</b>
	<p>OVERHEAD DOOR COMPANY-WICHITA KS PO BOX 305 WICHITA, KS 67201</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.168	<b>Nonpriority creditor's name and mailing address</b>	<b>\$8,336.18</b>
	<p>P.J. COBERT ASSOCIATES, INC. P.O. BOX 460046 ST. LOUIS, MO 63146</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.169	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,805.00</b>
	<p>PACE ANALYTICAL SERVICES INC 9608 LOIRET BLVD LENEXA, KS 66219</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.170	<b>Nonpriority creditor's name and mailing address</b>	<b>\$218,876.60</b>
	<p>PERENNIAL PUBLIC POWER DISTRICT PO BOX 219 2122 SOUTH LINCOLN AVE YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.171	<b>Nonpriority creditor's name and mailing address</b>	<b>\$801.65</b>
	<p>PERKINELMER LAS, INC 710 BRIDGEPORT AVENUE SHELTON, CT 06484</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.172	<b>Nonpriority creditor's name and mailing address</b>	<b>\$17,630.00</b>
	<p>PHIBROCHEM, INC GLENPOINTE CENTER EAST, 3RD FL. TEANECK, NJ 07666-6712</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.173	<b>Nonpriority creditor's name and mailing address</b>	<b>\$141,600.17</b>
	<p>PINNACLE ENGINEERING INC. P. O. BOX 1691 MINNEAPOLIS, MN 55480-1691</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.174	<b>Nonpriority creditor's name and mailing address</b>	<b>\$433.30</b>
	<p>PIPING RESOURCES, INC. 4502 F STREET OMAHA, NE 68117</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.175	<b>Nonpriority creditor's name and mailing address</b>	<b>\$9,904.00</b>
	<p>PLANT MAINTENANCE SERVICES, 532 INDUSTRIAL ROAD GODDARD, KS 67052</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.176	<b>Nonpriority creditor's name and mailing address</b>	<b>\$305.30</b>
	<p>PLATTE VALLEY COMMUNICATIONS PO BOX 5556 3820 WEST ARCH AVENUE GRAND ISLAND, NE 68802-5556</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.177	<b>Nonpriority creditor's name and mailing address</b>	<b>\$16,007.01</b>
	<p>PLIBRICO COMPANY LLC DBA 2815 N 11TH STREET OMAHA, NE 68110</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.178	<b>Nonpriority creditor's name and mailing address</b>	<b>\$684.08</b>
	<p>PRECISION FITTING AND GAUGE COMPANY 1214 S JOPLIN AVE TULSA, OK 74112</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.179	<b>Nonpriority creditor's name and mailing address</b>	<b>\$12,620.65</b>
	<p>PREMIUM PLANT SERVICES 1336 E. 31ST STREET HIBBING, MN 55746</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.180	<b>Nonpriority creditor's name and mailing address</b>	<b>\$102,958.40</b>
	<p>PUMPING SOLUTIONS, INC 2850 WEST 139TH STREET BLUE ISLAND, IL 60406</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.181	<b>Nonpriority creditor's name and mailing address</b>	<b>\$48,204.18</b>
	<p>QUALITY LIQUID FEEDS, INC 3586 STATE ROAD 23 NORTH DODGEVILLE, WI 53533</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.182	<b>Nonpriority creditor's name and mailing address</b>	<b>\$475.00</b>
	<p>R&amp;S TRACK MAINTENANCE INC 31 CLEAR LAKE COLUMBUS, NE 68601</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.183	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,109.93</b>
	<p>RAM PRODUCTS PO BOX 821159 FT.WORTH, TX 76182-1159</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.184	<b>Nonpriority creditor's name and mailing address</b>	<b>\$120,121.64</b>
	<p>RED BRICK ELECTRIC, INC. 2280 S STATE RD 14 KINGMAN, KS 67068</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.185	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>RED BRICK ELECTRIC, LLC 2280 S STATE RD 14 KINGMAN, KS 67068</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Potential Lien Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.186	<b>Nonpriority creditor's name and mailing address</b>	<b>\$906.00</b>
	<p>ROEMER MACHINE &amp; WELDING PO BOX 2509 DAVENPORT, IA 52809-2509</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.187	<b>Nonpriority creditor's name and mailing address</b>	<b>\$146,561.08</b>
	<p>ROOSEVELT COUNTY TREASURER 109 W. 1ST STREET, SUITE 101A PORTALES, NM 88130</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.188	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,390.65</b>
	<p>SAI-GLOBAL, INC. SUITE 425 2 SUMMIT PARK DRIVE INDEPENDENCE, OH 44131</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.189	<b>Nonpriority creditor's name and mailing address</b>	<b>\$24,296,720.43</b>
	<p>SANTANDER SPAIN EDIFICIO PEDREÑA – PLANTA S1 AV. GRAN VÍA DE HORTALEZA 3 MANUEL FERNÁNDEZ GARCÍA GLOBAL TRANSACTION BANKING - BANCA MAYORISTA ESPAÑA MADRID, 28033 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.190	<b>Nonpriority creditor's name and mailing address</b>	<b>\$11,628.58</b>
	<p>SAPP BROTHERS PO BOX 249 YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.191	<b>Nonpriority creditor's name and mailing address</b>	<b>\$675.00</b>
	<p>SARGENT DRILLING ( BROKEN BOW, NE) P.O. BOX 627 HC 7 BROKEN BOW, NE 68822</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.192	<b>Nonpriority creditor's name and mailing address</b>	<b>\$563.75</b>
	<p>SCALES SALES AND SERVICE INC P.O. BOX 641400 OMAHA, NE 68164</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.193	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,497.72</b>
	<p>SCHENDEL PEST SERVICES, THE 1035 SE QUINCY ST. TOPEKA, KS 66612</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.194	<b>Nonpriority creditor's name and mailing address</b>	<b>\$10,673.80</b>
	<p>SDK LABORATORIES 1000 COREY ROAD PO BOX 886 HUTCHINSON, KS 67501</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.195	<b>Nonpriority creditor's name and mailing address</b>	<b>\$252,175.48</b>
	<p>SENECA WASTE SOLUTION LLC 4140 E 14TH ST P O BOX 3360 DES MOINES, IA 50313</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.196	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>SENECA WASTE SOLUTIONS, INC. C/O MOREFIELD SPEICHER BACHMAN, LC 11814 W. 135TH ST. 0 OVERLAND PARK, KS 66221</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. 16SL-CC00711</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.197	<b>Nonpriority creditor's name and mailing address</b>	<b>\$17,153.15</b>
	<p>SERVI-TECH LABORATORIES PO BOX, 1397 DODGE CITY, KS 67801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.198	<b>Nonpriority creditor's name and mailing address</b>	<b>\$13,104.00</b>
	<p>SGS NORTH AMERICA INC. 900 GEORGIA AVE., SUITE 1000 DEER PARK, TX 77536</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.199	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,480.00</b>
	<p>SIGG TOOL &amp; FABRICATION 27132 W 61ST STREET NORTH ANDALE, KS 67001</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.200	<b>Nonpriority creditor's name and mailing address</b>	<b>\$229,255.50</b>
	<p>SIMOSA IT SA C/ ENERGIA SOLAR Nº1, PALMAS ALTAS. 41014 SEVILLA SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.201	<b>Nonpriority creditor's name and mailing address</b>	<b>\$65,668.94</b>
	<p>SIMOSA IT US, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.202	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,454,267,983.00</b>
	<p>SOCIÉTÉ GÉNÉRALE, SUCURSAL EN ESPAÑA, AS AGENT ATTN: GENERAL COUNSEL TORRE PICASSO PLAZA DE PABLO RUIZ PICASSO, 1 MADRID, 28020 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - Syndicated credit facility dated September 30, 2014 in the principal amount of €1,321.0 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.203	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,100,900.00</b>
	<p>SPANISH COMISARIO, BONDHOLDERS SL ATTN: GENERAL COUNSEL AV. FRANCIA 17, A, 1 VALENCIA, 46023 SPAIN</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor - \$279 million 5.125% Exchangeable Notes due 2017 in the principal outstanding amount of €1 million plus accrued interest</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.204	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,659.33</b>
	<p>STAPLES ADVANTAGE PO BOX 83689 CHICAGO, IL 60696-3689</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.205	<b>Nonpriority creditor's name and mailing address</b>	<b>\$190.56</b>
	<p>SUNFLOWER SERVICE CENTER LLC 102 RANCH LAND DR. INMAN, KS 67546</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.206	<b>Nonpriority creditor's name and mailing address</b>	<b>\$641,914.35</b>
	<p>THE ANDERSONS INC - RAIL NW 6172, PO BOX 1450 MINNEAPOLIS, MN 55485-6172</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.207	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,131.28</b>
	<p>THE CIT GROUP/EQUIPMENT CHURCH STREET STATION NEW YORK, NY 10261-4339</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.208	<b>Nonpriority creditor's name and mailing address</b>	<b>\$602.72</b>
	<p>THE PRINT SOURCE, INC. P. O. BOX 12748 WICHITA, KS 67277-2748</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.209	<b>Nonpriority creditor's name and mailing address</b>	<b>\$22,074,592.87</b>
	<p>THE ROYAL BANK OF SCOTLAND PLC 101 PARK AVENUE NEW YORK, NY 10178</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.210	<b>Nonpriority creditor's name and mailing address</b>	<b>\$58.00</b>
	<p>THOMAS SCIENTIFIC INC. 1654 HIGH HILL ROAD SWEDESBORO, NJ 08085</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.211	<b>Nonpriority creditor's name and mailing address</b>	<b>\$298.00</b>
	<p>THOMSON REUTERS- WEST 620 OPPERMAN DRIVE EAGAN, MN 55123</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.212	<b>Nonpriority creditor's name and mailing address</b>	<b>\$670.00</b>
	<p>TLS CONSTRUCTION, LLC 1403 RD P YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.213	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,021.00</b>
	<p>TOMES INDUSTRIES P.O. BOX 278 UTICA, NE 68456</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.214	<b>Nonpriority creditor's name and mailing address</b>	<b>\$32,422.30</b>
	<p>TRANE US INC 3600 PAMMEL CREEK ROAD LA CROSSE, WI 54601</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.215	<b>Nonpriority creditor's name and mailing address</b>	<b>\$4,802.00</b>
	<p>TRIHEDRO CORPORATION 1252 COMMERCE DRIVE LARAMIE, WY 82070</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.216	<b>Nonpriority creditor's name and mailing address</b>	<b>\$8,595.44</b>
	<p>TYSON FRESH MEATS PO BOX 32350 AMARILLO, TX 79120</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.217	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>U.S. ENVIRONMENTAL PROTECTION AGENCY 901 N. 5TH ST. KANSAS CITY, KS 66101</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Potential Environmental Claim</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.218	<b>Nonpriority creditor's name and mailing address</b>	<b>\$21,314.07</b>
	<p>UNION PACIFIC RAILROAD DALLAS, TX 75284-3465</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.219	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,533.22</b>
	<p>UNITED HEALTHCARE INSURANCE COMPANY 22561 NETWORK PLACE CHICAGO, IL 60673-1225</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.220	<b>Nonpriority creditor's name and mailing address</b>	<b>\$882.82</b>
	<p>UNITED PARCEL SERVICE LOCKBOX 577 CAROL STREAM, IL 60132-0577</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.221	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,515.90</b>
	<p>UNITED RENTALS E FIRESTONE BLVD. DOWNEY, CA 90241-5508</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
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Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.222	<b>Nonpriority creditor's name and mailing address</b>	<b>\$85.00</b>
	<p>UNITED STATES TREASURY ST. LOUIS, MO</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.223	<b>Nonpriority creditor's name and mailing address</b>	<b>\$95,211.73</b>
	<p>UNIVAR USA INC REDMOND, WA 98052</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.224	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,209.15</b>
	<p>UNIVERSAL LUBRICANTS 2824 N OHIO WICHITA, KS 67201</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.225	<b>Nonpriority creditor's name and mailing address</b>	<b>\$7,825.00</b>
	<p>UTTER PRECISION, INC. PO BOX 337 201 SECOND ST UTICA, NE 68456</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.226	<b>Nonpriority creditor's name and mailing address</b>	<b>\$774.71</b>
	<p>VWR INTERNATIONAL INC 1310 GOSHEN PARKWAY WEST CHESTER, PA 19380</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

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**Amount of claim**

3.227	<b>Nonpriority creditor's name and mailing address</b>	<b>\$3,731.95</b>
	<p>WASTE CONNECTIONS OF KANSAS, INC 2745 N. OHIO WICHITA, KS 67219</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.228	<b>Nonpriority creditor's name and mailing address</b>	<b>\$606,331.73</b>
	<p>WELLS FARGO BANK N.A 300 TRI-STATE INTERNATIONAL SUITE 4 LINCOLNSHIRE, IL 60069</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.229	<b>Nonpriority creditor's name and mailing address</b>	<b>\$218,621.94</b>
	<p>WESTAR ENERGY PO BOX 758500 TOPEKA, KS 66675-8500</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.230	<b>Nonpriority creditor's name and mailing address</b>	<b>\$19,271.69</b>
	<p>WESTCO INTERNATIONAL INC. WESTCO INTERNATIONAL 3012 E. 23RD S COLUMBUS, NE 68601</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.231	<b>Nonpriority creditor's name and mailing address</b>	<b>\$Undetermined</b>
	<p>WESTCO INTERNATIONAL, INC. C/O BALLEW COVALT HAZEN, PC LLO 1045 LINCOLN MALL, SUITE 200 P.O. BOX 81229 LINCOLN, NE 68501-1229</p> <p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation Claim, Case No. C02CI150015225</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

**Amount of claim**

3.232	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,473.92</b>
	<p>WINDSTREAM COMMUNICATIONS PO BOX 9001908 LOUISVILLE, KY 40290-1908</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.233	<b>Nonpriority creditor's name and mailing address</b>	<b>\$2,908.91</b>
	<p>WINDSTREAM COMMUNICATIONS PO BOX 580451 CHARLOTTE, NC 28258-0451</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.234	<b>Nonpriority creditor's name and mailing address</b>	<b>\$50,311.91</b>
	<p>YOKOGAWA CORP OF AMERICA 2 DART ROAD NEWMAN, GA 30265</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.235	<b>Nonpriority creditor's name and mailing address</b>	<b>\$270,447.50</b>
	<p>YORK COUNTY TREASURER 510 SOUTH LINCOLN AVENUE YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.236	<b>Nonpriority creditor's name and mailing address</b>	<b>\$1,236.13</b>
	<p>YORK PRINTING CO &amp; COPY CENTER 228 E. 5TH STREET YORK, NE 68467</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Abengoa Bioenergy Company, LLC  
Name

Case number (if known) 16-41165 (KAS)

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$	0.00 + undetermined amounts
5b. Total claims from Part 2	5b.	+	\$ 6,222,427,134.63 + undetermined amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div> \$ 6,222,427,134.63 + undetermined amounts </div>	

Fill in this information to identify the case and this filing:

Debtor Name Abengoa Bioenergy Company, LLC  
United States Bankruptcy Court for the: Eastern District of Missouri  
(State)  
Case number (if known): 16-41665 (KAS)

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/24/2017  
MM / DD / YYYY

x

Signature of individual signing on behalf of debtor

Sandra Porras Serrano  
Printed name

Chief Financial Officer  
Position or relationship to debtor